

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10600275 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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47	/							
48	/							
49	/							
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

TOTAL IND. 4 TOTAL DEP. 4 TOTAL CLAIMS 4